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FACSIMILE COVER SHEET**TO:** Examiner B. Jaroenchonwanit
USPTO - TC/Art Unit 2143**FROM:** Leonard P. Diana (Reg. No. 29,296)**RE:** U.S. Patent Appln. No. 09/516,112
Attorney Docket: 00862.021854**FAX NO.:** 703-872-9306**DATE:** November 15, 2004**NO. OF PAGES:** 27
(including cover page)**TIME:****SENT BY:****MESSAGE**I hereby certify that this correspondence is being facsimile transmitted to the
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November 15, 2004

(Date of Transmission)

Leonard P. Diana (Reg. No. 29,296)

(Name of Attorney for Applicant)


(Signature)

November 15, 2004

(Date of Signature)

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In re Application of:

Docket No. 00862.021854.

HIROYUKI FUJIYOSHI

Application No.: 09/516,112

Examiner: B. Jaroenchonwanit

Filed: March 1, 2000

Group Art Unit: 2143

For: INFORMATION PROCESSING APPARATUS
SYSTEM AND METHOD

Date: November 15, 2004

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 69	MINUS	** 94	= 0	x \$9 \$18	\$0.00
INDEP. CLAIMS	* 5	MINUS	*** 8	= 0	x \$44 \$88	\$0.00
Fee for Multiple Dependent claims \$150 ⁰ /\$300						\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$0.00

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- ☐ Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$_____ is enclosed.
- ☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$_____ to cover the fee for a _____ month extension is enclosed.
- ☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicant's undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Leonard P. Diana
Attorney for Applicant
Registration No. 29,296

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RESPONSE UNDER 37 C.F.R. § 1.116
EXPEDITED PROCEDURE
ART UNIT 2143

00862.021854

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)	
	:	Examiner: B. Jaroenchonwanit
HIROYUKI FUJIYOSHI)	
	:	Group Art Unit: 2143
Application No.: 09/516,112)	
	:	
Filed: March 1, 2000)	
	:	
For: INFORMATION PROCESSING)	
APPARATUS, SYSTEM AND	:	
METHOD)	November 15, 2004

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT AFTER FINAL ACTION

Sir:

In response to the Office Action dated September 14, 2004, the Examiner is respectfully requested to amend the above-identified application as follows:

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office (Fax No. 703-872-9306) on

November 15, 2004
(Date of Deposit)

Leonard P. Diana (Reg. No. 29,296)
(Name of Attorney for Applicants)


(Signature)

November 15, 2004
(Date of Signature)

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